

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/20/03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 99213 for the dates of service 03/19/03, 03/26/03, 04/02/03 and 04/16/03.

### **II. RATIONALE**

The carrier denied services as “E-Entitlement to benefits. F-Fee Guideline MAR reduction. R-Extent of injury.” Carrier and requestor signed a Benefit Dispute Agreement on 03/24/03 stating that the claimant sustained a compensable injury to the bilateral wrists. Relevant information submitted for review indicates patient was experiencing pain in the hand and palmar wrist into the area of the forearm and elbow. Therefore, based on the information submitted reimbursement is recommended in the amount of \$192.00.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99213. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$192.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision is hereby issued this 20th day of May 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb